#### U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

# **ELEVATION CERTIFICATE**

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

		CTION A - PROPERTY	'INFO	RMATION		FOR INSU	JRANCE COMPANY USE
A1. Building Owr	ner's Name	2018-239		<b>117</b> - 117		Policy Nur	nber:
	et Address (in		e and	or Blda No.) or P.C	) Route and		
DOX INO.							
City Waveland				State Mississippi		ZIP Code 39576	
A3. Property Des	cription (Lot a	and Block Numbers, Ta	x Parc			38370	
√10 Adrienne Cour	t Subd	ŕ		,	, 5(6)		
A4. Building Use	(e.g., Reside	ntial, Non-Residential, <i>i</i>	Additio	n, Accessory, etc.)	Residential		
A5. Latitude/Long	itude: Lat. 3	0-17-27	Long.	39-21-58	Horizontal Datum	: 🗍 NAD	1927 X NAD 1983
A6. Attach at leas	t 2 photograp	ohs of the building if the	Certifi	cate is being used t			
A7. Building Diagr							
A8. For a building	with a crawls	space or enclosure(s):					
a) Square foo	tage of craw	ispace or enclosure(s)		0 sq ft			• .
b) Number of	permanent fl	ood openings in the cra	wlspac	ce or enclosure(s) w	vithin 1.0 foot above	adjacent gi	rade 0
c) Total net a	ea of flood o	penings in A8.b0		sq in			
d) Engineered	f flood openir	ngs? ☐ Yes ☒ No	)				
A9. For a building	with an attacl	ned garage:					ven
a) Square foo	tage of attach	ned garage 0		sa ft			
		ood openings in the atta	-	-	ot ahova adiacent or	ahe	0
			, world D	sq in	or above adjacent gr	<u>.</u>	0
d) Engineered				- 94 111			
d) Liigiilocied	nood operiin	gs? ☐ Yes ⊠ No	)				
	SE	CTION B - FLOOD IN	SURA	NCE RATE MAP	(FIRM) INFORMAT	ION	
B1. NFIP Communi		ommunity Number		B2. County Name			B3. State
City of Waveland 28	35262			Hancock			Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date		IRM Panel fective/	B8. Flood Zone(s)		se Flood Elevation(s)
28045C0361	D	10/16/2009	R	evised Date /2009	۸۵	Floo	ne AO, use Base od Depth)
		10/10/2003	10/10	/2009	AE	20	
B10. Indicate the so	ource of the E	Base Flood Elevation (E	BFE) da	ata or base flood de	oth entered in Item i	39:	
		Community Determi					
B11. Indicate eleva	tion datum us	sed for BFE in Item B9;	□ N	GVD 1929 🗵 NA	VD 1988 🔲 Othe	er/Source:	
B12. Is the building	located in a	Coastal Barrier Resour	ces Sv	stem (CBRS) area	or Otherwise Protect	ed Area (C	IPAN2 [] Van [V] Na
Designation D					C. Chickwise i 10(80)	iou nica (C	A CAL ELES IXI NO
-							

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or 107 Adrienne Court	Bldg. No.) or P.O. Ro	ute and Box No.	Policy Number:
City State Waveland Miss	e ZIF sissippi 398	Code 576	Company NAIC Number
SECTION C BUILDING ELE	VATION INFORMA	TION (SURVEY RE	QUIRED)
	n Drawings*	Iding Under Construing is complete.  IFE), AR, AR/A, AR/ in Item A7. In Puerto : NAVD88  Dw.  BFE.	Check the measurement used.  Check the measurement used.  Geet meters  Finished Construction  AE, AR/A1–A30, AR/AH, AR/AO.  Check the measurement used.  Check the measurement used.  Feet meters  Feet meters  Feet meters  Feet meters  Feet meters  Feet meters
h) Lowest adjacent grade at lowest elevation of deck	•	N/A,	X feet meters
structural support	THOMETO OD AD		0.4 M. O.4
SECTION D – SURVEYOR, E  This certification is to be signed and sealed by a land survi I certify that the information on this Certificate represents a statement may be punishable by fine or imprisonment und Were latitude and longitude in Section A provided by a lice	eyor, engineer, or arc ny best efforts to inter er 18 U.S. Code, Sec nsed land surveyor?	hitect authorized by pret the data availal tion 1001.	law to cartify elevation information
	License Number P.E. 19732		
Title Project Manager  Company Name James J Chiniche PA INC  Address 412 HWY 90 Suite 2			Seal Here  19732
	State Mississippi	ZIP Code 39520	MISSISS WITH
Copy all pages of this Elevation Certificate and all attachment		Telephone (228) 467-6755 ficial, (2) insurance a	•
Comments (including type of equipment and location, per ONOTE: The description in A3 above is for information only & Map Section B4. Recommend verification of (BFE) by local responsible for coordinating this certificate with contractor a construction drawings were not provided. TBM Is a mag na = 1'	It not to certify the build building official. The und/or building official	flood zone is deterrate as needed. At time	mined by graphic plotting, owner is of this certificate 5/1/18

#### U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

# **ELEVATION CERTIFICATE**

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SE	SECTION A - PROPERTY INFORMATION					ANCE COMPANY USE
A1. Building Owner's Name	A1. Building Owner's Name					oer:
lvey	2018-	517				
A2. Building Street Address (i Box No. 105 Adrienne Ct	<del>-</del> ···					AIC Number:
City			State		ZIP Code	
Waveland			Mississippi		39576	
A3. Property Description (Lot	and Block Numbers, Tax	Parce	Number, Legal De	scription, etc.)		
9 & 10 Adrienne Court Subd						
A4. Building Use (e.g., Reside	ential, Non-Residential, A	ddition	, Accessory, etc.) _	Residnetial		
A5. Latitude/Longitude: Lat.						927 🗵 NAD 1983
A6. Attach at least 2 photogra	phs of the building if the	Certific	ate is being used to	obtain flood insur	ance.	
A7. Building Diagram Number	5					
A8. For a building with a craw	Ispace or enclosure(s):					
a) Square footage of crav	wlspace or enclosure(s)	•	0 sq ft			
b) Number of permanent	flood openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gra	ade
c) Total net area of flood	openings in A8.b0	5	q in			
d) Engineered flood oper	ings? Yes 🗵 No	<b>-</b>				
A9. For a building with an atta	ched garage:					
a) Square footage of atta	ched garage0		sq ft			
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade0					0	
c) Total net area of flood	openings in A9.b	0	sq in			
d) Engineered flood oper	nings? 🗌 Yes 🗵 N	0				
					7101	
	SECTION B - FLOOD IN	ISURA	1		ATION	55 51 1
B1. NFIP Community Name & City of Waveland 285262	Community Number		B2. County Name Hancock			B3. State Mississippi
B4. Map/Panel B5. Suffix	B6. FIRM Index		IRM Panel ffective/	B8. Flood Zone(s	) B9. Bas (Zo	se Flood Elevation(s) ne AO, use Base
28045C0361 D	10/16/2009	R	evised Date 1/2009	AE	20 Floo	od Depth)
					<u></u>	
B10. Indicate the source of th				epth entered in Iter	n B9:	
☐ FIS Profile ☒ FIRM	Community Determ	nined	Other/Source:	<u> </u>		
B11. Indicate elevation datum	used for BFE in Item B9	): 🔲 N	IGVD 1929 🛭 NA	NVD 1988 □ O	ther/Source:	
B12. Is the building located in	a Coastal Barrier Resou	ırces S	ystem (CBRS) area	or Otherwise Prot	ected Area (	OPA)? ☐ Yes ☒ No
Designation Date:	П	CBRS	□ ОРА			
	Designation Date: CBRS OPA					
1						

IMPORTANT: In these spaces, copy the correspondi	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and	Policy Number:		
105 Adrienne Ct	710	Ondo	Company NAIC Number
j,	State ZIP Mississippi 395	Code 76	Company NAIO Number
SECTION C - BUILDING E	ELEVATION INFORMA	TION (SURVEY RI	EQUIRED)
1 - 1		ding Under Constru	uction*
*A new Elevation Certificate will be required when			
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE Complete Items C2.a–h below according to the bit Benchmark Utilized: GPS Derived	E), VE, V1–V30, V (with B uilding diagram specified Vertical Datum	in Item A7. In Puert	AE, AR/A1–A30, AR/AH, AR/AO. o Rico only, enter meters.
Indicate elevation datum used for the elevations in			
□ NGVD 1929 □ NAVD 1988 □ Othe			
Datum used for building elevations must be the sa		BFE.	Objects the among any among transfer
) T	danaga ar anglasura flagr	21.3	Check the measurement used ⊠ feet ☐ meters
a) Top of bottom floor (including basement, craw	ispace, or enclosure ilooi	N/A.	
b) Top of the next higher floor		N/A.	
c) Bottom of the lowest horizontal structural mem	nber (V Zones only)		X feet  meters meters
d) Attached garage (top of slab)		N/A	
e) Lowest elevation of machinery or equipment s (Describe type of equipment and location in C	servicing the building omments)		X feet  meters
f) Lowest adjacent (finished) grade next to build	ing (LAG)	11.8	X feet  meters
g) Highest adjacent (finished) grade next to build	ling (HAG)	13. 2	🛛 feet 🗌 meters
h) Lowest adjacent grade at lowest elevation of c structural support	deck or stairs, including	N/A	X feet
SECTION D - SURVEYO	R, ENGINEER, OR AR	CHITECT CERTIF	ICATION
This certification is to be signed and sealed by a land I certify that the information on this Certificate represe statement may be punishable by fine or imprisonment	ents my best efforts to inte	rpret the data availa	y law to certify elevation information. able. I understand that any false
Were latitude and longitude in Section A provided by a			
Certifier's Name	License Number		
Jason P Chiniche	P.E. 19732		MINIMININIA P. CHINA
Title Project Manager			HIN SO SEED PROFESS CT
Company Name			PENGINEER OF THE
James J Chiniche PA INC			Seal '
Address 412 HWY 90 Suite 4			19732
City Bay St. Louis	State Mississippi	ZIP Code 39520	OF MISSIBILITY
Signature	Date /2/21/18	Telephone (228) 467-6755	
Gopy all pages of this Elevation Certificate and all attach		official, (2) insurance	agent/company, and (3) building owner.
Comments (including type of equipment and location, NOTE: The description in A3 above is for information Map Section B4. Recommend verification of (BFE) by responsible for coordinating this certificate with contra edge of asphalt and center of lot EL: 14.1 Waveland F	per C2(e), if applicable) only & not to certify the by local building official. The actor and/or building officia	uilding location. Th	e base flood elevation (BFE) is per ermined by graphic plotting, owner is

						<del></del>
IMPORTANT: In these spaces, copy the corresponding information from Section A.						NCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, a 105 Adrienne Ct	nd/or Bldg. No.)	or P.O. Route	and Box	No.	Policy Number	•
City	State	ZIP C	ode		Company NAI	C Number
Waveland	Mississippi	39570	3	L		
SECTION E – BUILDING E FOR ZOI	LEVATION INF NE AO AND ZO				REQUIRED)	
For Zones AO and A (without BFE), complete Items E complete Sections A, B, and C. For Items E1–E4, use enter meters.	E1-E5. If the Ce natural grade, i	rtificate is inte f available. Cl	ended to s heck the n	upport a neasuren	LOMA or LOM nent used. In P	R-F request, uerto Rico only,
E1. Provide elevation information for the following an the highest adjacent grade (HAG) and the lowes	id check the app t adjacent grade	propriate boxe (LAG).	s to show	whether	the elevation is	s above or below
a) Top of bottom floor (including basement, crawlspace, or enclosure) is			feet [	meters	above o	r Delow the HAG.
<ul> <li>Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>			feet [	meters	above o	r 🗌 below the LAG.
E2. For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in the diagrams) of the building is	openings provid		A Items I ☐ feet [			-2 of Instructions), r ☐ below the HAG.
E3. Attached garage (top of slab) is			feet [	meters	above o	r Delow the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is			feet [	meters	above o	r below the HAG.
E5. Zone AO only: If no flood depth number is availa floodplain management ordinance?   Yes [	ble, is the top of	the bottom fl known. The	oor elevat local offici	ted in acc al must c	ordance with the ertify this inforr	ne community's mation in Section G.
SECTION F - PROPERTY OV	NNER (OR OW!	VER'S REPR	ESENTA	TIVE) CE	RTIFICATION	
The property owner or owner's authorized representa community-issued BFE) or Zone AO must sign here.	tive who comple The statements	etes Sections in Sections A	A, B, and , B, and E	E for Zor are corr	ne A (without a ect to the best	FEMA-issued or of my knowledge.
Property Owner or Owner's Authorized Representative	ve's Name					
Address		City		Sta	te	ZIP Code
Signature		Date		Tel	ephone	
Comments						
					Check	here if attachments.

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY							
Building Street Address (including Apt., Unit, St 105 Adrienne Ct							
City Waveland	State ZIP Code Mississippi 39576	Company NAIC Number					
SECTIO	ON G - COMMUNITY INFORMATION (OPTIO	NAL)					
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.							
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)							
G2. A community official completed Section Zone AO.	on E for a building located in Zone A (without a	a FEMA-issued or community-issued BFE)					
G3. The following information (Items G4-	G10) is provided for community floodplain ma	nagement purposes.					
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued					
G7. This permit has been issued for:	New Construction  Substantial Improvem	ent					
G8. Elevation of as-built lowest floor (including of the building:	g basement) [	☐ feet ☐ meters Datum					
G9. BFE or (in Zone AO) depth of flooding at	the building site: [	feet meters Datum					
G10. Community's design flood elevation:		feet meters Datum					
Local Official's Name	Title						
Community Name	Telephone						
Signature	Date						
Comments (including type of equipment and loc	cation, per C2(e), if applicable)						
		Check here if attachments.					

#### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt 105 Adrienne Ct	., Unit, Suite, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:
City Waveland	State Mississippi	ZIP Code 39576	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



.11.1

Photo One Caption TBM EL:14.1



Photo Two Caption FRONT

#### U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

# **ELEVATION CERTIFICATE**

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SEC	SECTION A - PROPERTY INFORMATION					ANCE COMPANY USE
A1. Building Owner's Name					Policy Numb	per:
lvey	Ivey 2019-053					
A2. Building Street Address (in Box No. 105 Adrienne Ct	x No.					AIC Number:
City			State		ZIP Code	
Waveland			Mississippi		39576	
A3. Property Description (Lot a 9 & 10 Adrienne Court Subd	and Block Numbers, Tax	Parcel	Number, Legal Des	scription, etc.)		,
A4. Building Use (e.g., Reside	ntial, Non-Reşidential, A	ddition	, Accessory, etc.)	Residnetial		
A5. Latitude/Longitude: Lat. 3	0-17-27	ong. 8	9-21-57	Horizontal Datun	n: NAD 1	927 🗵 NAƊ 1983 🏢
A6. Attach at least 2 photograp	ohs of the building if the	Certific	ate is being used to	obtain flood insura	ance.	
A7. Building Diagram Number	5					
A8. For a building with a crawle	space or enclosure(s):					
a) Square footage of craw			0 sq ft			
b) Number of permanent f	lood openings in the cra	wispac	e or enclosure(s) wi	ithin 1.0 foot,above	adjacent gra	ade 0 .
c) Total net area of flood of	penings in A8.b 0	8	q in			
d) Engineered flood openi	ngs? 🗌 Yes 🗵 No	)				,
A9. For a building with an attac	hed garage:					•
a) Square footage of attac	hed garage 0		sq ft			
b) Number of permanent f	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade0					0
c) Total net area of flood o	c) Total net area of flood openings in A9.b 0 sq in					
d) Engineered flood openi	ngs? ☐ Yes 🗵 N	)				
			NOC DATE \$44.5	CIOLA INCODA	TION	
	ECTION B - FLOOD IN	ISURF			TION	Inc. 01.1.
B1. NFIP Community Name & City of Waveland 285262	Community Number		B2. County Name Hancock			B3. State Mississippi
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	E	IRM Panel ffective/	B8. Flood Zone(s	´ Zoı	se Flood Elevation(s) ne AO, use Base od Depth)
28045C0361 D	10/16/2009		evised Date 5/2009	AE	20	ou Depui)
R10 Indicate the source of the	Base Flood Elevation (	BFE) d	ata or base flood de	epth entered in Iter	n B9:	
	B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:  FIS Profile  FIRM  Community Determined  Other/Source:					
B11. Indicate elevation datum	used for BFE in Item B9	: 🔲 N	IGVD 1929 🗵 NA	VD 1988 □ O	ther/Source:	Authorities and the second
B12. Is the building located in	a Coastal Barrier Resou	rces S	ystem (CBRS) area	or Otherwise Prot	ected Area (0	OPA)? ☐ Yes ⊠ No
Designation Date:		CBRS	☐ OPA			

OMB No. 1660-0008

Expiration Date: November 30, 2018 IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Policy Number: Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 105 Adrienne Ct Company NAIC Number ZIP Code City State 39576 Waveland Mississippi SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) ☐ Building Under Construction\* ☐ Construction Drawings\* C1. Building elevations are based on: \*A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: GPS Derived Vertical Datum: NAVD88 Indicate elevation datum used for the elevations in items a) through h) below. ☐ NGVD 1929 
☐ NAVD 1988 
☐ Other/Source: Datum used for building elevations must be the same as that used for the BFE. Check the measurement used. 21.6 X feet meters a) Top of bottom floor (including basement, crawlspace, or enclosure floor) \_ N/A.\_\_\_\_ x feet meters b) Top of the next higher floor N/A.\_\_ c) Bottom of the lowest horizontal structural member (V Zones only) X feet meters N/A x feet meters d) Attached garage (top of slab) 21, 2 x feet meters e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 11.8 f) Lowest adjacent (finished) grade next to building (LAG) x feet meters 13.2 x feet meters g) Highest adjacent (finished) grade next to building (HAG) N/A x feet meters h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. Were latitude and longitude in Section A provided by a licensed land surveyor? 🗵 Yes 🔲 No X Check here if attachments. License Number Certifier's Name P.E. 19732 Jason P Chiniche Title **Project Manager** ENGINEER Company Name Seal James J Chiniche PA INC Address 412 HWY 90 Suite 4 MISSISSINIII ZIP Code State City 39520 Mississippi Bay St. Louis Telephone Date Signature (228) 467-6755 2/25/1 Opy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner. Comments (including type of equipment and location, per C2(e), if applicable) NOTE: The description in A3 above is for information only & not to certify the building location. The base flood elevation (BFE) is per Map Section B4. Recommend verification of (BFE) by local building official. The flood zone is determined by graphic plotting, owner is responsible for coordinating this certificate with contractor and/or building official as needed. TBM Is a mag nail w/thru marker set in edge of asphalt and center of lot EL: 14.1 Waveland Feeboard = 1' C2e is Mechanical Air Handler.

#### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Ap	Policy Number:		
105 Adrienne Ct			
City	State	ZIP Code	Company NAIC Number
Waveland	Mississippi	39576	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One Caption TBM EL:14.1



Photo Two Caption FRONT

#### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

**Continuation Page** 

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy th	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt.,	Policy Number:		
105 Adrienne Ct			
City	State	ZIP Code	Company NAIC Number
Waveland	Mississippi	39576	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One

Photo One Caption REAR

Photo Two

Photo Two Caption

# NON-CONVERSION AGREEMEN Thothy A Kellar

with

Hancock County

WITNESS

## CITY OF WAVELAND, MISSISSIPPI

This DECLARATION made this 27 day of FLBRUARY 20 19,  By WILLIAM IVAY (OWNER) having an address at 105 ADRIERNA CT
WITNESSETH: WHEREAS, the Owner is the record owner of all that real property located at 105 ADDIANA CT. In the City of Waveland, MS, in the County of Hancock, designated in the Tax Records as 1049 Adrience Courts WHEREAS, the Owner has applied for a permit to place a structure on that property that has an enclosed area below the base flood elevation constructed in accordance with the requirements of Article No. 5, Section "B" paragraph 5 of Waveland Floodplain Management Ordinance of Number 342 and under Permit Number 1800507.
WHEREAS, the Owner agrees to record this DECLARATION and certifies and declares that the following covenants, conditions and restrictions are placed on the affected property as a condition of granting the Permit, and affects rights and obligations of the Owner and shall be binding on the Owner, his heirs, personal representatives, successors, future owners, and assigns.
UPON THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:
1. The structure or part thereof to which these conditions apply is:
2. At this site, the Base Flood Elevation is 20+1 feet above mean sea level, National Geodetic Vertical Datum.
3. Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited storage, or access to the building. All interior walls, ceilings and floors below the Base Flood Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, electrical or plumbing devices shall not be installed below the Base Flood Elevation.
<ol> <li>The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain equipped with openings as shown on the Permit.</li> </ol>
<ol> <li>The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal action to correct any violation. Any alterations or changes from these conditions also may render the structure uninsurable or increase the cost for flood insurance.</li> </ol>
6. A duly appointed representative of the City is authorized to enter the property for the purpose of inspecting the exterior and interior of the enclosed area to verify compliance with this Declaration. Such inspections will be conducted upon due notice to the Owner and no more frequently than once each year. More frequent inspections may be conducted if an annual inspection discovers a violation of the Permit.
7. Other conditions:
In witness whereof the undersigned set their hands and seals this day of Feb
WILLIAM WAY (Print)  WOODA (Print)  By: cledic Decided (Print)
(Print)  Wellen (Signature)  * Chancery Clerk (Print)  By: Medde Programme (Signature)

My Commission Expires Dec. 31, 2019

OWNER /

2/27/2019 REAL PROPERTY APPRAISAL MASTER FILE INQUIRY 16:09:23
State ID: 161C-0-02-118.000 ACCOUNT # 378 YEAR APPRAISED:
ACREAGE TAX MTG REC JUD EXMPT
MAP PARCEL SCT QTR TWN RNG DEEDED CALCULATED DIST CODE LOC DST CODE
Taxable: BEAT: 2 CITY: 2 SCHOOL: 1 SPECIAL: 0
OWNER CODE: Status:
OWNER NAME: ICC LLC
IN CARE OF:  MAILING ADDR.:: 101 GROSVENOR PLACE  LAST UPDATED Date: 1/08/2018 BY: SARAH
MAILING ADDR: 101 GROSVENOR PLACE  CITY/STATE/ZIP: WAVELAND MS 39576  BY: SARAH
CITY/STATE/ZIP: WAVELAND MS 39576 PROPERTY STR ADDR: No. 107 Name: ADRIENNE CT
Contact: Town:
BRIEF DESCR: 9 & D ADRIENNE COURT SUBD
SUBDIVISION: 000000003 BLOCK: LOT#: LOT SIZE:
ZONED:
DATE BOOK PAGE DATE BOOK PAGE DATE BOOK PAGE
DEED INFO: 12/21/2017 2017 15356 1/0000 X7 228
CD BENEFIT CD BENEFIT CD BENEFIT CD BENEFIT
SPL:
F1 - Deeds
F2 - Values F4 - View Entire Legal F6 - Land Info F7 - Building Info
F8 - Homestead F12 - Exit F15 - Print PRC F20 - View Images

Lot 9 only

2019 2460 Deed Book & Page

Hancock County
I certify this instrument was filed on 02-27-2019 04:13:46 PM
and recorded in Deed Book
2019 at pages 2459 - 2460
Timothy A Kellar

A Kellar